

<b>CLINICAL DRUG REQUEST</b>  PHARMACEUTICAL MANAGEMENT BRANCH CANCER THERAPY EVALUATION PROGRAM DIVISION OF CANCER TREATMENT AND DIAGNOSIS NATIONAL CANCER INSTITUTE, NIH  Return by FAX to: Drug Management and Authorization Section (301) 480-4612		The drugs listed below are requested for the use of (please type or print):  Dr. _____ NCI Investigator Number: _____  Designee/Requester (if other than investigator) (please type or print):  Name _____ Title: _____  Telephone Number: _____ FAX Number: _____	
Return by U.S. Mail to: Pharmaceutical Mgt. Branch Drug Mgt. & Authorization Section Division of Cancer Treatment and Diagnosis, NCI Executive Plaza North, Room 707 9000 Rockville Pike Bethesda, MD 20892-7422 U.S.A.	Return by Express Courier to: Pharmaceutical Mgt. Branch Drug Mgt. & Authorization Section Division of Cancer Treatment and Diagnosis, NCI Executive Plaza North, Room 707 6130 Executive Blvd. Rockville, MD 20852 U.S.A.	_____ <b>Investigator/Designee Signature</b>  <b>Date</b>	COMMENTS:

	NCI Protocol Number	No. of Pts. Currently Being Treated	Patient or Special Code (if applicable)	Your Current Inventory	NSC Number	Drug Name	Strength & Dosage Form (Specify vials, tablets, etc.)	Quantity Ordered (Specify vials, bottles, etc.)	Date Needed
A									
B									
C									
D									
E									

SHIPPING ADDRESS:	MISCELLANEOUS: Urgent shipments must be accompanied by an express courier account number.  Express Courier Name: _____  Express Courier Acct. No.: __ _ - _ _ - _ _  Reference No.: _____  Express Courier Acct. No.(if other format): _____	INSTRUCTIONS:  1. TYPE ALL INFORMATION - One item or protocol per line. 2. Order using NCI protocol numbers only. Local protocol numbers will cause a delay. 3. Fill in all sections completely including the official shipping address. 4. Limit drug request to an eight (8) week supply. 5. Sign and date the order (must be investigator or designee signature only). 6. Do not mark box labeled FOR NCI USE ONLY. 7. Return to DMAS (see above).
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